



11-22-04

IPW - 15/

CASE B-33152A/GER

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EV 483669627 US
Express Mail Label Number

November 19, 2004
Date of Deposit

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 3724

BULLARD ET AL.

APPLICATION NO: 10/644,329

FILED: AUGUST 20, 2003

FOR: FEEDING IMPLEMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

FEE LETTER FOR INFORMATION DISCLOSURE STATEMENT

Sir:

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$180 for payment of the fee pursuant to 37 CFR §1.17(p) for the submission of an Information Disclosure Statement under 37 CFR §1.97(c).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-0134 in the name of Novartis.

Respectfully submitted,

Novartis
Corporate Intellectual Property
One Health Plaza, Building 104
East Hanover, NJ 07936-1080
(862) 778-7877
Date: 11/19/04


John W. Kung
Attorney for Applicants
Reg. No. 44,199



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MS: Amendment

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Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is supplemental to the Information Disclosure Statement filed August 20, 2003. Since it is being filed in accordance with 37 C.F.R. §1.97(c), a letter for payment of fee set forth in 37 C.F.R. §1.17(p) is enclosed.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.


11/24/2004 ZJUHR1 00000112 190134 10644329

01 FC:1806 180.00 DA

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Novartis
Corporate Intellectual Property
One Health Plaza, Building 104
East Hanover, NJ 07936-1080
(862) 778-7877

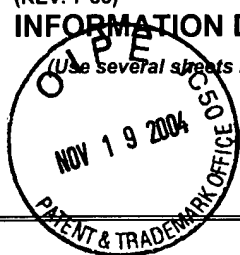


John W. Kung
Attorney for Applicants
Reg. No. 44,199

Date: 11/19/09

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



ATTY. DOCKET NO.
B-33152A/GER
APPLICATION NO.
10/644,329
APPLICANT
BULLARD ET AL.
FILING DATE
AUGUST 20, 2003

Group
3724

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	2,216,005	9/24/40	Goldstein			
	AB	2003/0211205	11/13/03	Madison			
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	DE 197 25 698	12/24/98	Germany			<input type="checkbox"/>	<input type="checkbox"/>
	AN	EP 0 476 932	3/25/92	Europe			<input type="checkbox"/>	<input type="checkbox"/>
	AO	FR 2 569 339	2/28/96	France			<input type="checkbox"/>	<input type="checkbox"/>
	AP	GB 2 342 565	4/19/00	Munro			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	WO 01/30214	5/3/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	International Search Report
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	WO 2004/086921	10/14/04	Bullard et al.			<input type="checkbox"/>	<input type="checkbox"/>
	CB						<input type="checkbox"/>	<input type="checkbox"/>
	CC						<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
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	CN						<input type="checkbox"/>	<input type="checkbox"/>
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	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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